| FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT EQUIPMENT SUMMARY RECORD | | | | | | Page OF | | | | O.M.B. No. 3067-0151 Expires September 30, 2005 | | |
|--|-----------------------------|--------------------|-------------|----------|--------|---------|----------|---------|-----------------------|--|-------------------|---------------|
| APPLICANT | PA ID NO. | | PRO | 1O. | | | DISASTER | | | | | |
| LOCATION/SITE | | | CATEGOR | | | Y | | | PERIOD COVERING TO | | | |
| DESCRIPTION OF WORK PERFORMED | | | | | | | | | | | | |
| TYPE OF EQUIPMENT | | DATES AND HOU | | | | JSED I | EACH DAY | costs | | | | |
| INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE, AND MODEL AS APPROPRIATE | EQUIPMENT CODE NUMBER | OPERATOR'S NAME | DATE | | | | | | | TOTAL HOURS | EQUIPMENT RATE | TOTAL COST |
| | | | HOURS | | | | | | | | | |
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| | | | HOURS | | | | | | | | | |
| GRAND TOTAL $ ightarrow$ | | | | | | | | | | | | |
| I CERTIFY THAT THE ABOVE INI | FORMATION WAS | OBTAINED FROM | PAYROLL REC | ORDS, II | VOICES | s, OR | OTHER | DOCUMEN | TS THAT AR | E AVAILABL | E FOR AUDIT. | |
| CERTIFIED | TITLE | | | | | | | DATE | | | | |